

The background of the slide features the official seal of the Defense Logistics Agency (DLA). The seal is circular with a yellow border. Inside the border, the word "LOGISTICS" is written in blue capital letters along the top arc, and "DEFENSE AGENCY" is written in blue capital letters along the bottom arc. The center of the seal features a bald eagle with its wings spread, perched on a shield. The shield has a blue top section and a bottom section with vertical stripes of red and white. The eagle's head is turned to the left, and it has a yellow beak and talons. The background of the seal is light blue with white stars.

Submitting a Tuition Assistance or Unique Training Request in LMS

DLA Training
LMS Team
August 2012

**Robert J Collins**HR SPECIALIST (HUMAN RESOURCE DEVELOPMENT) / HUMAN...
HUMAN RESOURCE CENTER

Help

To-Do List

Show: Everything

**Due within a month**

8/1/2012 ANNUAL CLASSIFIED SECURITY AWARENESS BRIEFING

Available

ANTITERRORISM (AT) LEVEL I

Available

NoFEAR Act Training

Available

8/13/2012 PERSONALLY IDENTIFIABLE INFORMATION AWARENESS ANNUAL T...

In progress

Due later

5/3/2013 DLA CONTINUITY OF OPERATIONS (COOP) EMPLOYEE AWARENESS ...

Available

DLA RECORDS MANAGEMENT TRAINING

Available

7/2/2013 INFORMATION ASSURANCE AWARENESS ANNUAL TRAINING

Available

OPSEC ANNUAL REFRESHER

Available

No

From the LMS Homepage, click the "Tuition Assistance/Unique Training Request" link located under Easy Links

Working with Difficult People: Identifying Difficult People

Easy Links

Approvals

Completed Work

News

Plans

Reports

Tuition Assistance/Unique Training Request

System Settings

Curricula

Overdue (0)

Due in 30 days (4)

Due Later (4)

Competencies

You have no assigned competencies

Goals

Create a Plan and establish Goals

Communities

See what's happening in the forums



Request, Authorization, Agreement & Certification of Training

[Help](#)

Below is a list of all of your Tuition Assistance and Unique Training Requests. Click the Request ID for more information about the request. Click **Copy Request** or **Withdraw Request** button and click **Go to Copy** or **Withdraw** from a Tuition Assistance or Unique Training Request. Click the **New Request** button to initiate a new request.

Tuition Assistance and Unique Training Requests

Viewing Options: All requests

There are no requests specified for this status.

[New Request](#)[Privacy & Security Notice](#) | [Privacy Act Statement](#) | [Section 508 Accessibility](#) | [LMS Helpdesk](#) | [LMS Guide/Job Aids/Training FAQs](#) | [Webmaster](#)

Click “New Request” to begin

*Note: LMS will time-out after approx. 30 minutes of inactive time. If you take longer than this to complete a UTR/TA, all data will be lost when you submit the request. You may wish to print the request form, fill in manually, then enter the data into LMS to avoid a potential time-out and data loss.

**Request, Authorization, Agreement & Certification of Training**

Help

Complete the form below in order to request training outside of your agency. Be certain to complete all of the required fields.

* = Required Fields

[Submit](#)[Read Through Instructions](#)**REQUEST, AUTHORIZATION, AGREEMENT & CERTIFICATION OF TRAINING****SECTION A: TRAINEE INFORMATION**

A. Agency Code, agency sub element and submitting office number

B. Request Status / Record Action

☒ Add☐ Delete

C. Applicant's Name

First Five Letters of Last Name

Last Name

First Name

Middle Initial

D. Home Address

A.1. Position Level

☐ a. Non-supervisory☐ b. Manager☐ c. Supervisory☐ d. Executive

A.2. Organization Mailing Address

* A.3. Office Phone

* A.4. I c

* Add1

Add2

* City

* State / Province

* Postal Code

The training request form opens in
LMS

Block C of Section A is automatically
populated

No information is entered into
Blocks A and D

D. Home Address			A.1. Position Level	
			<input checked="" type="radio"/> a. Non-supervisory <input type="radio"/> b. Manager	
			<input type="radio"/> c. Supervisory <input type="radio"/> d. Executive	
A.2. Organization Mailing Address			* A.3. Office Phone	* A.4. I certify I have searched the SkillSoft catalog for training. Justification to use an alternate source for training when a SkillSoft course is not available is provided in Block C.6. Please enter your work e-mail address to acknowledge this statement.
* Add1	3990 East Broad Street		6146926795	robert.ja.collins@dla.mil
Add2				
* City	* State / Province	* Postal Code		
Columbus	OH	43213		
* A.5. Position Title	A.6. Does applicant need special accommodation?		If yes, please describe below	
HUMAN RESOURC	<input type="radio"/> Yes <input checked="" type="radio"/> No			
A.7. Education Level		* A.8. Pay Plan	* A.9. Series	* A.10. Grade
13		GS	0201	07

USE DATA

<input type="radio"/> Other If Other, please specify		
* State / Province	* Postal Code	* Country

* State / Province	* Postal Code	* Country
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Select the appropriate Position Level in Block A.1

Enter your organization's address in Block A.2

Enter your official phone and email address in blocks A.3 & A.4

Blocks A.5 & A.7 to A.10 are automatically populated

If you require special accommodations

13


G5

0201

07

SECTION B: TRAINING COURSE DATA

B.1a. Name and Mailing Address of Training Vendor

* <input type="radio"/> 	Name	<input type="text"/>			<input type="radio"/> Other If Other, please specify <input type="text"/>
* Street Address	* City	* State / Province	* Postal Code	* Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

B.1b. Location of Training Site

☐ If Same, mark box.

* Street Address	* City	* State / Province	* Postal Code	* Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* B.1c. Vendor Email Address

* B.1d. Vendor Telephone Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

* B.2a. Course Title

* B.2b. Course Number Code

* B.2c. Training Start Date (MM/DD/YYYY)

* B.4. Training End Date (MM/DD/YYYY)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

* B.7. Training Purpose Type

-- Please Select One --

* B.9. Training Sub Type Code

B.10. Training Delivery Type Code

* B.11. Training Designation Type Code

* B.12. Training Credit

* B.13. Training Credit Type Code

-- Please Select One --	-- Please Select One --	-- Please Select One --	<input type="text"/>	-- Please Select One --
-------------------------	-------------------------	-------------------------	----------------------	-------------------------

* B.14. Training Accreditation Indicator

* B.17. Training Source Type Code

☐ Yes ☐ No

-- Please Select One --

* B.18. Training Objectives

B.19. Agency Use Only

Section B contains information for the desired training
To select the vendor offering the training, click the search icon

Search Training Vendors

Enter a value for each field that you want to use to filter your search. Click Search to display the results.

Case sensitive search:

☐ Yes ☒ No

Training Vendor ID:

Starts With

Vendor Name:

Starts With

Address1:

Starts With

Address 2:

Starts With

City:

Starts With

State:

Starts With

Country:

Starts With

Postal Code:

Starts With

Search

Reset

To search for a school or vendor, enter criteria into the fields above and click "Search"

View Training Vendors Results

ID	Vendor Name	City	State	Postal Code	
29	Park University				Select

Select the desired vendor by clicking the “Select” link to the right of the search results



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SECTION B: TRAINING COURSE DATA

B.1a. Name and Mailing Address of Training Vendor

* ID 29 Name Park University

Other If Other, please specify

* Street Address

* City

* State / Province

* Postal Code

* Country

The vendor ID and Name will populate

☐ If Same, mark box.

* Street Address

* City

* State / Province

* Postal Code

* Country

* B.1c. Vendor Email Address

* B.1d. Vendor Telephone Number

* B.2a. Course Title

* B.2b. Course Number Code

* B.3. Training Start Date (MM/DD/YYYY)

* B.4. Training End Date (MM/DD/YYYY)

B.5. Training Duty Hours

B.6. Training Non-Duty Hours

* B.7. Training Purpose Type

* B.9. Training Sub Type Code

B.10. Training Delivery Type Code

* B.11. Training Designation Type Code

* B.12. Training Credit

* B.13. Training Credit Type Code

* B.14. Training Accreditation Indicator

* B.17. Training Source Type Code

☐ Yes ☐ No

-- Please Select One --

* B.18. Training Objectives

B.19. Agency Use Only

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SECTION B: TRAINING COURSE DATA			
B.1a. Name and Mailing Address of Training Vendor			
* ID <input type="text" value="29"/> Name <input type="text" value="Park University"/>		Other <input type="radio"/> If Other, please specify <input type="text"/>	
* Street Address	* City	* State / Province	* Postal Code
<input type="text" value="8700 NW River Park Drive"/>	<input type="text" value="Parkville"/>	<input type="text" value="MO"/>	<input type="text" value="64152"/>
* Country <input type="text" value="US"/>			
B.1b. Location of Training Site			
<input type="checkbox"/> If Same, mark box.			

Enter the vendor address in the remaining boxes of Block B.1a.

* B.1c. Vendor Email Address		* B.1d. Vendor Telephone Number	
<input type="text"/>		<input type="text"/>	
* B.2a. Course Title	* B.2b. Course Number Code	* B.3. Training Start Date (MM/DD/YYYY)	* B.4. Training End Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
B.5. Training Duty Hours		B.6. Training Non-Duty Hours	* B.7. Training Purpose Type
<input type="text"/>		<input type="text"/>	-- Please Select One --
* B.9. Training Sub Type Code	B.10. Training Delivery Type Code	* B.11. Training Designation Type Code	* B.12. Training Credit
-- Please Select One --	-- Please Select One --	-- Please Select One --	<input type="text"/>
* B.13. Training Credit Type Code		* B.14. Training Accreditation Indicator	
-- Please Select One --		<input type="radio"/> Yes <input type="radio"/> No	
* B.17. Training Source Type Code		* B.18. Training Objectives	
-- Please Select One --		<input type="text"/>	
B.19. Agency Use Only			

13	GS	0201	07
SECTION B: TRAINING COURSE DATA			
B.1a. Name and Mailing Address of Training Vendor			
* ID <input type="text"/>		* Name <input type="text"/> Other <input type="text"/>	
* Street Address <input type="text"/>		* City <input type="text"/>	* State / Province <input type="text"/>
* Postal Code <input type="text"/>		* Country <input type="text"/>	
8700 NW River Park Drive		Parkville	MO 64152 US
B.1b. Location of Training Site			
<input type="checkbox"/> If Same, mark box.			
* Street Address <input type="text"/>		* City <input type="text"/>	* State / Province <input type="text"/>
* Postal Code <input type="text"/>		* Country <input type="text"/>	
3990 East Broad Street		Columbus	OH 43213 US
* B.1d. Vendor Telephone Number			
<input type="text"/> 8007457275			
Training Start Date (MM/DD/YYYY)		* B.4. Training End Date (MM/DD/YYYY)	
<input type="text"/> 9/23/2012		<input type="text"/> 9/23/2012	
* B.7. Training Purpose Type			
<input type="text"/> 03:Improve Present Performance			
* B.11. Training Designation Type Code	* B.12. Training Credit	* B.13. Training Credit Type Code	
<input type="text"/> 22:Management Program	<input type="text"/> 01:Traditional Classroom (no technology)	<input type="text"/> 01:Undergraduate Credit	
<input type="text"/> 3		<input type="text"/> 01:Semester Hours	
* B.14. Training Accreditation Indicator		* B.17. Training Source Type Code	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="text"/> 03:Non-Government	
* B.18. Training Objectives		B.19. Agency Use Only	
<input type="text"/>		<input type="text"/>	

If the vendor could not be located using the search function, click the radio button beside "Other" and manually enter the vendor's name. Then enter the address in the remaining boxes. A vendor ID is not required as long as "Other" has been selected.

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SECTION B: TRAINING COURSE DATA

B.1a. Name and Mailing Address of Training Vendor

* ID	29	Name	Park University	Other If Other, please specify	
* Street Address	* City		* State / Province	* Postal Code	* Country
8700 NW River Park Drive	Parkville		MO	64152	US

B.1b. Location of Training Site

☐ If Same, mark box.

* Street Address	* City	* State / Province	* Postal Code	* Country
3990 East Broad Street	Columbus	OH	43213	US

* B.1c. Vendor Email Address

* B.1d. Vendor Telephone Number

admissions@park.edu 8007457275

* B.2a. Course Title * B.2b. Course Number Code * B.3. Training Start Date (MM/DD/YYYY) * B.4. Training End Date (MM/DD/YYYY)

--	--	--	--

* B.7. Training Purpose Type

-- Please Select One --

* B.12. Training Credit * B.13. Training Credit Type Code

-- Please Select One --	-- Please Select One --	-- Please Select One --		-- Please Select One --
-------------------------	-------------------------	-------------------------	--	-------------------------

* B.14. Training Accreditation Indicator

* B.17. Training Source Type Code

<input type="radio"/> Yes <input type="radio"/> No	-- Please Select One --
--	-------------------------

* B.18. Training Objectives

B.19. Agency Use Only

* B.1c. Vendor Email Address		* B.1d. Vendor Telephone Number	
<input type="text" value="admissions@park.edu"/>		<input type="text" value="8007457275"/>	
* B.2a. Course Title	* B.2b. Course Number Code	* B.3. Training Start Date (MM/DD/YYYY)	* B.4. Training End Date (MM/DD/YYYY)
<input type="text" value="Principles of Management"/>	<input type="text" value="MG352"/>	<input type="text" value="07/30/2012"/>	<input type="text" value="09/23/2012"/>
B.5. Training Duty Hours		* B.7. Training Purpose Type	
<input type="text"/>		<input type="text" value="03:Improve Present Performance"/>	
B.6. Training Non-Duty Hours			
<input type="text"/>			
* B.9. Training Sub Type Code	B.10. Training Delivery Type Code	* B.11. Training Designation Type Code	* B.12. Training Credit
<input type="text" value="-- Please Select One --"/>	<input type="text" value="-- Please Select One --"/>	<input type="text" value="-- Please Select One --"/>	<input type="text"/>
		* B.13. Training Credit Type Code	
		<input type="text" value="-- Please Select One --"/>	

ig Source Type Code

Use Only

ORMATION

C.1. Direct Cost and appropriation/fund chargeable

Item	* Amount	Appropriation Fund
a. Tuition	\$ <input type="text"/>	
b. NA-Please enter "0"	\$ <input type="text"/>	
c. Total	\$ <input type="text"/>	

C.2. Indirect Cost and appropriation/fund chargeable

(Please enter the dollar amount in each field or a "0" before submitting, as appropriate)

Item	* Amount	Appropriation Fund
a. Travel	\$ <input type="text"/>	
b. Per Diem	\$ <input type="text"/>	
c. Total	\$ <input type="text"/>	

C.3. Total Training Non-Government Contribution Cost

\$

C.4. Document / Purchase Order / Requisition No

C.6. Billing Instructions / Justification in Lieu of SkillSoft

The title, code, and start and end dates for the course are entered into Blocks B.2a, B.2b, B.3, & B.4
The purpose of the course is selected in Block B.7

* B.9. Training Sub Type Code	B.10. Training Delivery Type Code	* B.11. Training Designation Type Code	* B.12. Training Credit	* B.13. Training Credit Type Code
22:Management Program	01:Traditional Classroom (no technology)	01:Undergraduate Credit	3	01:Semester Hours
* B.14. Training Accreditation Indicator		* B.17. Training Source Type Code		
<input checked="" type="radio"/> Yes <input type="radio"/> No		03:Non-Government		
* B.18. Training Objectives		B.19. Agency Use Only		
To gain managment and leadership skills				

SECTION C: COSTS AND BILLING INFORMATION

C.1. Direct Cost and appropriation/fund chargeable

Item	* Amount	Appropriation Fund
	\$	
	\$	
	\$	

C.2. Indirect Cost and appropriation/fund chargeable

(Please enter the dollar amount in each field or a "0" before submitting, as appropriate)

Item	* Amount	Appropriation Fund
	\$	
	\$	
	\$	

m

\$

\$

\$

\$

C.4. Document / Purchase Order / Requisition No

C.5. 8-Digit Station Symbol

...ing Instructions / Justification in Lieu of SkillSoft

Submit

22:Management Program	01:Traditional Classroom (no technology)	01:Undergraduate Credit	3	01:Semester Hours
* B.14. Training Accreditation Indicator		* B.17. Training Source Type Code		
<input checked="" type="radio"/> Yes <input type="radio"/> No		03:Non-Government		
* B.18. Training Objectives		B.19. Agency Use Only		
To gain management and leadership skills		[]		

SECTION C: COSTS AND BILLING INFORMATION

C.1. Direct Cost and appropriation/fund chargeable			C.2. Indirect Cost and appropriation/fund chargeable (Please enter the dollar amount in each field or a "0" before submitting, as appropriate)		
Item	* Amount	Appropriation Fund	Item	* Amount	Appropriation Fund
a. Tuition	\$ 1500.00		a. Travel	\$ 0.00	
b. IIA-Please enter "0"	\$ 0.00		b. Per Diem	\$ 0.00	
c. Total	\$ 1500.00		c. Total	\$ 0.00	

C.3. Total Training Non-Government Contribution Cost

C.6. Billing Instructions / Justification in Lieu of SkillSoft

Course will provide a greater explanation and demonstration of management principles than what is available through SkillSoft.

Submit



Approval Submission

[Help](#)

Submit for Approval

[← Back](#)

You have requested approval for an item, request or document. The designated approval process for this requires approval in the steps listed below.

Any step that do not have a user listed must have a name filled in before the request can be submitted.

Approval Step	Approvers
First Level Supervisor	Supervisor Level 1 (Show All)
Second Level Supervisor	Supervisor Level 2 (Show All)
Training Officer	TA TRNG OFFICER (Show All)
Impac Card Holder	TA IMPAC CRD HLDR (Show All)

Acknowledgement:

Nothing contained in this agreement shall be construed to limit the authority of DLA to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Federal Government (hereinafter referred to as the Government) in connection with this training.

☒ I Agree

Submit

Check "I Agree" and click "Submit"

**Robert J Collins**HR SPECIALIST (HUMAN RESOURCE DEVELOPMENT) / HUMAN...
HUMAN RESOURCE CENTER**To-Do List**

Show: Everything

**Due within a month**

8/1/2012 ANNUAL CLASSIFIED SECURITY AWARENESS BRIEFING

Available

ANTITERRORISM (AT) LEVEL I

Available

NoFEAR Act Training

Available

8/13/2012 PERSONALLY IDENTIFIABLE INFORMATION AWARENESS ANNUAL T...

In progress

Due later

5/3/2013 DLA CONTINUITY OF OPERATIONS (COOP) EMPLOYEE AWARENESS ...

Available

DLA RECORDS MANAGEMENT TRAINING

Available

TRAFFICKING IN PERSONS

Available

No due date

360-Degree Performance Appraisal Simulation

In progress

SkillSoft Books 24 X 7

In progress

Working with Difficult People: Identifying Difficult People

Easy Links[Approvals](#)[Completed Work](#)[News](#)[Plans](#)[Reports](#)[Tuition Assistance/Unique Training Request](#)[System Settings](#)**Curricula**

Overdue (0)

Due in 30 days (4)

Due Later (4)

Competencies

You have no assigned competencies

Goals

Create a Plan and establish Goals

Communities

See what's happening in the forums

To check the status of a TA or UTR,
click the link from the LMS homepage



Request, Authorization, Agreement & Certification of Training

[Help](#)

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Tuition Assistance and Unique Training Requests

Viewing Options: All requests

Request ID	Title	Status	Pending Approval Actions	Action
51592	Principles of Management	Submitted	Pending First Level Supervisor	Copy Request Withdraw Request

[New Request](#)

Each submitted request is listed with a status and pending approval action
If a request needs to be withdrawn, click "Withdraw Request"

**Request, Authorization, Agreement & Certification of Training**

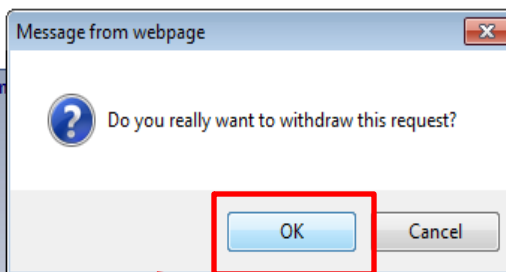
Help

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Tuition Assistance and Unique Training Requests

Viewing Options: All requests

Request ID	Title	Status	Pending Approval Actions	Action
51592	Principles of Management	Submitted	Pending First Level Supervisor	Copy Request Withdraw Request

[New Request](#)[Privacy & Security Notice](#) | [Privacy Act Statement](#)[Side/Job Aids/Training FAQs](#) | [Webmaster](#)

Click "OK"



Request, Authorization, Agreement & Certification of Training

[Help](#)

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Tuition Assistance and Unique Training Requests

Viewing Options: All requests

Request ID	Title	Status	Pending Approval Actions	Action
51592	Principles of Management	Withdrawn	None	Copy Request

[New Request](#)

The request is now shown as
"Withdrawn"